

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that on **JULY 28, 2003** this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number **EU 725 534 963 US** addressed to the Assistant Commissioner of Patents, Box Patent Application, Washington, DC 20231.

GAYLE VINSON

(Type or Print name of person mailing paper)

(Signature of person mailing paper)

Attorney Docket No. 0179.0038

First Inventor: LANCE D. SMITH

Title: SANDWICH PANEL WITH INTERIOR BARRIER

Mail Stop PATENT APPLICATION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Transmitted herewith for filing in the above-identified patent application are:

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Transmittal/Fee Calculation | <input checked="" type="checkbox"/> Oath and Declaration [Total Pages 2] | <input type="checkbox"/> Copies of IDS References |
| <input checked="" type="checkbox"/> Application Data Sheet | <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Sequence Listing |
| <input checked="" type="checkbox"/> Specification [Total Pages 20] | <input checked="" type="checkbox"/> Assignment (incl. Cover Sheet) | <input type="checkbox"/> Computer-Readable Copy |
| <input checked="" type="checkbox"/> Drawings [Total Sheets 6] | <input type="checkbox"/> Information Disclosure Statement | <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Check No. 8169 for \$866.00 | <input checked="" type="checkbox"/> Check No. 8170 for \$40.00 |

FEE CALCULATION: The filing fee has been calculated as shown below:

| For | Claims Filed | No. Extra | Small Entity Rate | Small Entity Fee | Standard Rate | Standard Fee |
|--|--------------|-----------|-------------------|------------------|---------------|--------------|
| Basic Fee | | | | \$370.00 | | \$740.00 |
| Total Claims | 27 - 20 = | 7 | x \$ 9.00 | | x \$ 18.00 | 126.00 |
| Independent Claims | 3 - 3 = | 0 | x \$ 42.00 | | x \$ 84.00 | 0.00 |
| <input type="checkbox"/> Multiple Dependent Claims Presented | | | + \$140.00 | | + \$280.00 | 0.00 |
| | | | Total | | Total | 866.00 |

METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account No.

50-1811

Deposit
Account Name

David J. Oldenkamp

- ☒ Charge any additional fees Required Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status 37 CFR 1.27

☒ Payment Enclosed:

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other

Respectfully submitted,

David J. Oldenkamp
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Dated: July 28, 2003